

UROLOGY CARE SPECIALISTS

1601 CLINT MOORE ROAD, SUITE 195
BOCA RATON, FL 33487

AUTHORIZATION TO APPEAL INSURANCE CLAIM

I hereby authorize David Schwartzwald, M.D.P.A. and the employees of the above mentioned to file an appeal to my Insurance Company on my behalf and receive a copy of the final appeal response on my claim for services rendered.

Name of Patient

Patient's Signature

Date
